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# Short-duration country programme document

## Sudan

*Summary*

The short-duration country programme document for Sudan is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $6,169,000 from regular resources, subject to the availability of funds, and $90,000,000 in other resources, subject to the availability of specific purpose contributions, for the year 2007.

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## Introduction

1. The signing of the Comprehensive Peace Agreement (CPA) by the Government of Sudan and the Sudan People's Liberation Movement/Army on 9 January 2005, followed by the formation of the Government of National Unity (GoNU) and the Government of Southern Sudan (GoSS), provide an unprecedented opportunity to make rapid gains for child rights and progress towards achievement of the Millennium Development Goals. However, significant political, economic and social challenges remain, including a successful resolution of the conflict in Darfur, affecting the livelihoods of 3.4 million people; and a successful outcome of dialogue on remaining issues in the East, considered central to improving the humanitarian situation, the success of the peace process and recovery and development efforts in all parts of the country.

2. Because of the changing situation, the United Nations system (including UNICEF) and the GoNU decided to extend the current United Nations Development Assistance Framework (UNDAF) to cover 2007 and to prepare a new UNDAF for 2008 to 2011, with targeted programmes in line with the CPA, the Framework for Sustained Peace, Development and Poverty Eradication in Sudan and the new UNDAF.

3. In response to the CPA, UNICEF now has one management structure with a Representative covering the entire country, and two distinct area programmes, one for the North (including Darfur) and one for the South, each headed by a Director of Operations.

4. Currently, Sudan is not on track to meet most of the Millennium Development Goals by 2015. Half of the population in the North and 90 per cent in the South live below the poverty line. Some 18 per cent of children under five years of age in the North, and 48 per cent in the South, are underweight. Recent surveys indicate over 20 per cent global acute malnutrition in multiple locations. The gross school enrolment rate is 60.2 per cent in the North (2004-2005) and 25 per cent in the South (2003). In the North, the infant mortality rate (IMR) and under-five mortality rate (U5MR) were 68 and 105 per 1,000 live births respectively in the late 1990s. In the South, the IMR and U5MR were estimated in 2001 at 150 and 250 per 1,000 live births respectively.

5. Current coverage rates for measles immunization are estimated to be 73.5 per cent in the North and 20 per cent for the South. The maternal mortality ratio (MMR) was 509 per 100,000 live births in 1999 and estimated to be 1,700 for the South in 2001. In 2003, the adult HIV prevalence rate in Sudan was estimated to be 2.3 per cent. A recent study in the North found that 90 per cent of young people aged 19-24 years are sexually active but less than 10 per cent of them know how to prevent HIV or how and why to use condoms. In Southern Sudan, infection rates of over 20 per cent are being recorded at some voluntary and confidential counselling and testing (VCCT) sites.

6. In North Sudan, the rate of access to safe water is 47 per cent in rural areas and 79 per cent in urban areas, and in Southern Sudan it is estimated at 25-30 per cent in rural areas and 60 per cent in towns. In rural areas, some 9 million people in North Sudan and 5 million people in Southern Sudan have no access to safe drinking water, and about 12 million people in North Sudan and 6 million people in Southern Sudan have no access to adequate sanitation facilities. Southern Sudan bears an

estimated 70 per cent of the world's remaining dracunculiasis (guinea worm disease) burden.

7. Children remain vulnerable to abuse, exploitation and violence throughout the country. Protection of women and children, especially of girls, remains a serious concern in Darfur. One study of 230 reported incidents of sexual violence in Darfur found that 30 per cent of the victims were under 18 years of age. Abduction of children from one community by another and the very early marriage of young girls continue in Southern Sudan. Some 17,000 children are estimated to be associated with armed forces and groups in Sudan. The United Nations landmines database classifies Sudan as one of the 10 countries most affected by landmines.

8. Gender disparities remain significant. Recent GoSS data suggests that women on average earn 68 per cent less than men and have a lower rate of participation in the formal sector. Early marriage is common nationwide. Female genital mutilation/cutting (FGM/C) continues to be practiced on tens of thousands of girls aged two to nine years every year across North Sudan. Poverty and lack of access to education and health services have major repercussions on women's health, as reflected by the extremely high MMR.

## Key results and lessons learned from previous cooperation, 2002-2006

9. Routine immunization coverage of three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) in North Sudan increased from 64 per cent in 2002 to 83 per cent in 2005 and from 5 to 11 per cent in Southern Sudan. The proportion of one-year-olds immunized against measles increased from 62 per cent in 2002 to 73.5 per cent in 2005 in the North and from 12 to 23 per cent in the South. Between 2004 and 2005, over 9.9 million children were vaccinated against measles in North Sudan. A measles campaign is currently underway in Southern Sudan that has already vaccinated 500,000 children and will reach over 2.2 million children before the end of 2006. Following three years of zero polio cases, 178 cases were detected between December 2004 and June 2005 in 15 states. National Immunization Days have continued in response. No polio cases have been reported since July 2005. The number of reported malaria cases decreased from 450,557 in 2002 to 288,360 in 2005.

10. In Darfur, 2 million people affected by conflict received essential health care services. DPT3 coverage increased from 50 to 80 per cent between 2004 and 2005. The essential health care, nutrition and water and sanitation services provided by UNICEF, other United Nations agencies, the Government and non-governmental organization (NGO) partners contributed to the reduction in crude mortality from 2 per 10,000 in 2004 to 0.8 per 10,000 in 2005. The global malnutrition rate decreased from 21.8 per cent in 2004 to 11.9 per cent in 2005 due to multisectoral interventions in health, food (including therapeutic feeding) and water and sanitation. In Southern Sudan, 25,000 moderately malnourished children and 10,000 severely malnourished children received therapeutic and supplementary feeding. Vitamin A supplements were provided to about 7.2 million children nationwide (90 per cent of children under age five years in the North and 75 per cent in the South).

11. Improved access to safe drinking water was provided to over 4 million persons in North Sudan, including 1.76 million people affected by conflict in Darfur, and sanitation facilities to over 2 million people, including 1 million internally displaced persons (IDPs) in Darfur. In Southern Sudan, improved access to safe water was provided for over 400,000 people and improved sanitation facilities for over 60,000 people.

12. The gross enrolment rate for grades 1-8 in focus states improved from 37 per cent in 2001-2002 to 44 per cent in 2004-2005. The training of 11,300 teachers facilitated introduction of child-centred learning approaches in grades 1-4 in selected schools in the focus states. The restoration and re-establishment of educational facilities for conflict-affected children in Darfur contributed to the provision of learning opportunities for 382,790 children. In addition, the nomadic education project contributed to increasing the enrolment of nomadic children from 31,290 in 2000-2001 to 121,230 (40,410 girls) in 2004-2005. In Southern Sudan, an additional 134,230 children in focus areas had access to basic education, including 46,490 girls.

13. Under the child protection programme, 120 communities were mobilized to stop FGM/C, 1,400 abandoned babied in Khartoum were placed with families or in foster care and 480,000 persons received mine-risk education. Humanitarian workers were trained in sexual exploitation and abuse and psychosocial support was provided to over 170,000 conflict-affected children in Darfur. Sudan enacted a new child law in 2004 and ratified the two Optional Protocols to the Convention of the Rights of the Child, the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction, and International Labour Organization Conventions Nos. 138 and 182. Interventions in Southern Sudan contributed to enhanced child protection services and awareness of child protection issues, and a substantial reduction in the number of children separated from their families. The text of a comprehensive Children's Bill that is based on international legal standards, covering child welfare, juvenile justice, family law and children's rights in Southern Sudanese law, has been finalized. Between 2002 and 2006, UNICEF supported different Southern Sudanese child demobilization task forces and authorities to remove over 15,000 children from armed forces and return them to their families.

14. The Child-friendly Community Initiative and the community development centres have been platforms for community empowerment and integration of programmes at community level. They have been implemented in over 400 communities, leading to increased immunization coverage, enrolment in primary schools and access to improved water supply.

15. Communication and advocacy interventions contributed to the creation of broad-based support and partnerships for implementation of programmes designed to help fulfil children and women's rights. The Sudan Information Campaign for Returns supported the return and reintegration of displaced persons by enabling IDPs to make informed decisions regarding return to their places of origin.

16. Collaboration between the Sudan National AIDS Control Programme and the United Nations HIV theme group in North Sudan, including UNICEF, resulted in the development of a national HIV/AIDS strategic plan; a comprehensive strategy targeting young people and orphans and vulnerable children; mobilization of youth to work with and in their communities; the development of a peer-education curriculum; and training of a pool of peer educators who in turn provided life-saving skills to over 70,000 young people. The Safe Motherhood Initiative in Southern

Sudan provided improved antenatal care services to about 17,000 pregnant women, including emergency obstetric care and services to prevent mother-to-child transmission of HIV (PMTCT). Access to HIV testing leapt forward in Southern Sudan in 2005, with the provision of 32,000 rapid test kits to VCCT sites. In-depth training was provided to 240 life-skills mentors who in turn oriented 14,200 young people in and out of school on HIV/AIDS and responsible decision-making skills.

### Lessons learned

17. The midterm review of the country programme, held in 2004, made a number of recommendations: (a) clearer geographic focus and going-to-scale in selected focus areas with greater need would improve the programme's effectiveness and impact; (b) increased support to key priorities to achieve strategic results at scale nationwide would increase the impact of programme interventions; (c) while the country programme will continue to have a large service-delivery component in light of the humanitarian needs, greater attention to support for policy development and capacity-building at the local level are essential to expand and sustain service delivery and to make adequate progress towards the Millennium Development Goals; and (d) as demonstrated by the Darfur emergency interventions, effective sectoral coordination mechanisms should promote partnerships, unification of approaches, strengthening of sectoral capacities through pooling of competencies and resources, and a sector-wide approach to humanitarian action, recovery and development interventions.

## The country programme, 2007

### Summary budget table

| *Programme* | *Recommended allocation* (In thousands of United States dollars)* | | |
|---|---|---|---|
| | *Regular resources* | *Other resources* | *Total* |
| Health | 825 000 | 15 500 000 | 16 325 000 |
| Water and environmental sanitation | 825 000 | 15 500 000 | 16 325 000 |
| Basic education | 825 000 | 20 500 000 | 21 325 000 |
| Child protection | 825 000 | 10 000 000 | 10 825 000 |
| Planning, research, monitoring and evaluation | 616 000 | 3 000 000 | 3 616 000 |
| Communication and advocacy | 516 000 | 2 000 000 | 2 516 000 |
| Nutrition | 308 000 | 4 000 000 | 4 308 000 |
| HIV/AIDS | 504 000 | 6 000 000 | 6 504 000 |
| Cross-sectoral costs | 925 000 | 13 500 000 | 14 425 000 |
| **Total** | **6 169 000** | **90 000 000** | **96 169 000** |

* In addition to this estimated programme budget, this programme will receive emergency other resources estimated at $45 million based on the experience of the current programme of cooperation.

## Preparation process

18. The Ministry of International Cooperation (GoNU) and the Ministry of Regional Cooperation (GoSS) coordinated the preparation of the country programme, with the participation of line ministries, United Nations agencies, NGO partners, donors and civil society representatives.

## Goals, key results and strategies

19. The overall goal of the country programme for 2007 is to support the consolidation of peace and promote the progressive realization of the rights of children to survival, development, protection and participation. It will contribute to: (a) reduction in the prevalence of child malnutrition; (b) reduction in child morbidity and mortality; (c) increased access to improved water and sanitation systems to reduce water-borne and sanitation-related diseases; (d) increased access to quality basic education and improvement of gender parity at the basic/primary stage of education; (e) the development of systems for the protection of children from violence, exploitation and abuse; (f) reduction in HIV infection among children and women; (g) the formulation of appropriate policies and enhanced resource allocations for programmes for children; and (h) the development of systems for monitoring of the situation of children and women to inform strategic decision-making.

20. The country programme is based on four key strategies:

(a) support to policy development, capacity-building and establishment of management information systems;

(b) focus on a limited number of key flagship priorities which will be pursued Sudan-wide to achieve strategic results at scale, including: (i) achieving universal coverage for measles immunization; (ii) expanding access to safe water and hygiene; (iii) ensuring access to a quality basic education; (iv) HIV/AIDS prevention, care and support for children and adolescents; and (v) establishment and strengthening of systems and structures to address abuse, exploitation and violence against children;

(c) support for scaling-up of interventions in selected geographic areas to reduce disparities in socio-economic indicators, coupled with convergence of interventions in the most disadvantaged communities 19 focus states (nine in North Sudan and 10 in Southern Sudan);

(d) link the scaling-up of interventions to supporting the return and reintegration of IDPs by targeting the provision of such services as immunization, water and sanitation and education in areas with high numbers of returnees. In addition, UNICEF will maintain a capacity to rapidly respond to such acute emergencies such as conflict-related displacement, drought, floods and epidemics, including avian influenza.

21. Each of the sectoral programmes will maintain a high degree of emergency preparedness with essential supplies and equipment required for meeting the needs of vulnerable populations affected by crisis. UNICEF will also assume its responsibilities to support the coordination of the water and environmental

sanitation, nutrition and education sectors in line with the Inter-Agency Standing Committee cluster-lead approach.

## Relationship to national priorities and the UNDAF

22. The programme is in conformity with the six-year Framework for Sustained Peace, Development and Poverty Eradication in Sudan, which reflects national reconstruction and development priorities for consolidation of the peace process, attaining broad-based growth, poverty reduction and sustained human development towards the Millennium Development Goals. The programme is also in line with the UNDAF for 2002-2006, which has been extended to cover 2007.

## Programme components

23. The **health** programme aims to contribute to the reduction of child and maternal morbidity and mortality. Specific targets for North and Southern Sudan, respectively, include: polio eradication; increasing DPT3 coverage to 86 per cent and 35 per cent; increasing the proportion of one-year olds immunized against measles to 75 per cent and 50 per cent; increasing tetanus toxoid vaccine coverage for pregnant women in focus states/counties to 40 per cent and 20 per cent; increasing the percentage of households in malaria-endemic localities using insecticide-treated bednets for young children and pregnant women to 40 per cent and 10 per cent; increasing the proportion of health facilities using the Integrated Management of Childhood Illness (IMCI) to 40 per cent and 25 per cent; increasing the proportion of births attended by skilled health personnel to 60 per cent and 20 per cent, including measures to enhance access to emergency obstetric care. Hepatitis B vaccine will be introduced in all states in the North.

24. For the North, the key strategies include: focusing on reducing geographic, urban/rural, gender and socio-economic disparities; development of local health systems in selected localities; capacity-building to facilitate decentralization of services; delivery of integrated health packages in selected disadvantaged communities; strengthening routine immunization; expanding the facility- and community-based IMCI approaches; and strengthening emergency obstetric care through training and equipping of maternal and child health facilities.

25. Key strategies for the South include: (a) scaling-up primary health care services, especially in underserved areas; (b) strengthening the Ministry of Health and local health authorities in policy formulation, planning, health management and information systems development; and (c) prevention and control of key endemic and epidemic diseases.

26. The **nutrition** programme aims to reduce global acute malnutrition in high-risk areas to less than 15 per cent in both North and Southern Sudan, reduce the prevalence of child malnutrition (underweight for age) by 5 per cent in high-risk areas, monitor the nutritional status of vulnerable populations and support the formulation and implementation of a nutrition policy.

27. In North Sudan, specific targets include: (a) management of severe acute malnutrition by 50 per cent of paediatric hospitals in focus states; (b) growth monitoring, promotion of breastfeeding and complementary feeding by 35 per cent

of health facilities in focus states; (c) increasing coverage of vitamin A supplementation to 95 per cent of children under five years in focus states; (d) increasing the coverage of iron and folic acid supplementation to 30 per cent of pregnant women; and (e) increasing the percentage of households in high-risk areas using iodized salt to 20 per cent, and the percentage of households in high-risk areas in Darfur receiving iodized oil capsules to over 95 per cent. The specific targets for the South include: (a) provision of a minimum nutrition package to treat malnutrition by four hospitals, 20 health centres and 100 health units; and (b) increasing vitamin A and zinc supplementation coverage to 95 per cent of children under five years of age.

28. Key actions that will be supported in both North and Southern Sudan include: (a) building the capacities of the GoNU and GoSS Ministries of Health, state ministries of health and key NGO partners to implement the national protocol on the management of acute malnutrition and implementation of the minimum nutrition service package; (b) provision of nutritional supplies and equipment (including micronutrients); (c) advocacy efforts for a national food fortification policy; (d) strengthening of nutrition information systems in order to provide accurate and timely information for planning and monitoring; and (e) technical assistance to support nutrition policy and strategy development.

29. The **water and environmental sanitation** programme seeks to achieve the following specific targets for North and Southern Sudan, respectively: (a) increase the number of people using an improved water source in focus states by 1 million and 400,000, and in guinea-worm endemic villages by 50,000 and 100,000; and (b) increase the number of persons using basic sanitation facilities by 400,000 and 120,000. The programme will also support community-based hygiene improvement and water safety plans, including hygiene communication for behavioural change, covering over 150,000 and 200,000 families.

30. In both North and Southern Sudan, the programme will support interventions to strengthen management, build sectoral capacities, rehabilitate existing water systems and construct new systems to reach un- and underserved rural localities and communities. This will include establishment of new water systems close to schools and health facilities, and provision of sanitary facilities for girls and boys in schools and health facilities. Promotion of community ownership and management of water supply facilities, utilization of services and sustained behavioural change will be important aspects of the programme.

31. The **basic education** programme in North Sudan aims to: (a) increase enrolment in basic schools by 350,000 pupils (45 per cent girls); (b) increase enrolment in grade 1 by 30,000; and (c) increase enrolment in schools for nomadic children by 42,600 and enrolment in learning centres for out-of-school children by 45,000. In Southern Sudan, the programme aims to increase enrolment in basic schools by 400,000 pupils to reach 1.6 million children in total.

32. The priority interventions common to both North and Southern Sudan include: (a) revision of education policies for consistency with the CPA, the interim national constitution (North) and the Interim Constitution of Southern Sudan; (b) creating a pool of trained personnel and teachers at state and county levels for effective planning and management of basic education and promotion of child-centred learning approaches; (c) establishing educational management information systems; and (d) qualitative improvement through a revision of the curriculum and textbooks.

33. Interventions specific to North Sudan include: (a) extending the coverage of basic education with a stronger focus on increasing access in underserved areas, particularly for girls; (b) expanding educational programmes that target nomadic and out-of-school children; and (c) improving the learning environment. Interventions specific to Southern Sudan include: (a) developing the capacity of the GoSS Ministry of Education, Science and Technology at the central and state levels by seconding staff to the Ministry's planning units; and (b) providing equipment and supplies and training new staff in management and education skills. A Go-to-School Initiative to get up to 1.6 million children into school includes: (a) training of teachers, construction of classrooms and learning spaces and increasing the number of village schools for girls to enhance gender equality; (b) developing alternative learning programmes for out-of-school adolescents and demobilized children associated with armed forces and groups; and (c) increasing textbook production.

34. The **child protection** programme seeks to strengthen systems to address abuse, exploitation and violence against children. Expected key results in both North and Southern Sudan include: (a) legal reform and increased government budgetary allocations to social protection; (b) availability of sustainable child protection systems at all levels; (c) vulnerable youth and children have increased awareness and access to services that strengthen the protective environment; and (d) children's right to participation mainstreamed throughout child protection programmes, including increased access to leadership training, youth networking and consultation opportunities.

35. Major interventions will include: (a) making data on child protection issues available to help GoNU and GoSS plan and develop appropriate programmes and monitor achievements; (b) strengthening social welfare systems to address abuse, exploitation and violence against children; (c) promotion of community-based approaches; (d) development of GoNU and GoSS capacities for systems management, strategic planning, policy development and coordination; and (e) development of capacities of NGOs, community based organizations and communities for social welfare delivery, implementation of policies, best practice formulation, networking, child protection planning, advocacy, implementation and evaluation of programmes.

36. The **planning, research, monitoring and evaluation** programme will support: (a) establishment of systems, including DevInfo, for monitoring the situation of children and women; (b) preparation of a comprehensive situation analysis using the results of the Sudan Household Health Survey; and (c) expansion of the Child-friendly Community Initiative to promote community empowerment and integration of programmatic interventions, covering an additional 150 communities. It will support strengthening GoNU and GoSS capacities for effective programme planning, monitoring and evaluation, especially in Southern Sudan, including linking data and research with budgeting, policy formulation, addressing cross-sectoral issues and policies, and ensuring equitable allocation of resources required for humanitarian, recovery and long-term development interventions in underprivileged areas.

37. The **communication and advocacy** programme will support leveraging knowledge and resources for the well-being of children and women through policy, advocacy and dialogue with key decision makers at all levels. It will support effective engagement with communities and other stakeholders for increased access

to services and adoption of safer, healthier practices and behaviours. It will support networks of government institutions, NGOs and youth organizations and communities to promote children's and women's rights. Strategies for behavioural change will focus on selected disadvantaged communities in focus states to promote appropriate care for young children, girls' education and acquisition of knowledge and skills required by individuals, especially adolescents, to prevent HIV transmission.

38. The **HIV/AIDS** programme seeks to achieve the following specific targets for North and Southern Sudan, respectively: (a) 500,000 and 300,000 young people have correct information and relevant life skills to reduce their risk to HIV/AIDS; and (b) 5 million and 2.5 million people have access to correct information and preventive services to reduce their vulnerability to HIV/AIDS. Key interventions will include: (a) ensuring access to VCCT and PMTCT services for young people and pregnant women in major towns; (b) updating and operationalizing strategic plans; (c) HIV/AIDS prevention, care and support for children and adolescents; (d) paediatric care; (e) protection, care and support for children affected by HIV/AIDS, including orphans and vulnerable children; and (f) intensification of interventions within the Unite for Children, Unite against AIDS Campaign.

## Major partnerships

39. Partnerships will be maintained with governments, international and national NGOs, United Nations agencies and other partners. UNICEF is part of the integrated United Nations Mission in Sudan. The World Health Organization (WHO) will continue to be a major partner in programmes on immunization, polio eradication, IMCI and combating childhood communicable diseases. The United Nations Population Fund (UNFPA), WHO and UNICEF will continue as partners in programmes to improve maternal health and PMTCT plus. The World Food Programme and UNICEF will work together to carry out nutrition surveys, support therapeutic and supplementary-feeding programmes run by NGOs and expand school feeding programmes, including care and support for children and families infected and affected by HIV. UNICEF will continue to collaborate with the Joint United Nations Programme on HIV/AIDS, the United Nations Development Programme, UNFPA, WHO, the Scouts movement, national and international NGOs and bilateral and multilateral donors in providing prevention, care, information for behavioural change, skills and services to halt and reverse the HIV/AIDS pandemic.

40. UNICEF will collaborate with the United Nations Educational, Scientific and Cultural Organization to promote the goal of Education for All and with NGOs in coordination with the concerned line ministries. UNICEF will also continue to play the role of a facilitating agency in the provision of safe water and promotion of sanitation and hygiene through involvement of NGOs, especially in emergency areas. Partnership with the Carter Center will continue in combating guinea worm disease. Collaboration with the United States Centers for Disease Control and Prevention and Rotary (both national and international) will be maintained for polio eradication. Collaboration with the World Bank will be enhanced for leveraging of resources, promotion of poverty eradication and a coordinated effort to implement recovery and development programmes supported through the Multi-Donor Trust Funds.

## Monitoring, evaluation and programme management

41. The Integrated Monitoring and Evaluation Plan will be the principal tool for monitoring and evaluation. GoNU and GoSS line ministries will be responsible for coordinating regular monitoring of each programme component, including regular field visits by ministries and departments at the central and state levels, collaborating NGOs and UNICEF, and quarterly, mid-year and annual reviews. Evaluations will be planned with the involvement of UNICEF, government and other key partners. The GoNU Ministry of International Cooperation and the GoSS Ministry of Regional Cooperation will be responsible for the overall programme coordination.


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